# *Psychotropic Medication*

**Guideline: Psychotropic medication may be used when it has been determined that it is the treatment of choice, when other environmental or psychosocial interventions are not indicated, and in conjunction with behavior support programs. Each person should receive a comprehensive assessment prior to the initiation of medication. The person's response to medication should be carefully monitored during the use and after the discontinuation of the medication.**

**DEFINITIONS:**

**Behavioral-pharmacological hypothesis:** A hypothesis based on the analysis of the function of the behavior and a medication's known psychopharmacology. A behavioral-pharmacological hypothesis is developed by the psychotropic drug review team.

**Individual's record:** A permanent legal document that provides comprehensive information about the individual's health care status.

**Primary care prescribers:** Physicians, nurse practitioners, and physician's assistants who provide primary care services and are authorized to prescribe medications and treatments for people on their assigned caseloads.

**Psychiatric diagnosis:** A diagnosis based upon DSM-IV criteria.

**Psychotropic medication:** Any drug prescribed with the intent to stabilize or improve mood, mental status, or behavior.

**RATIONALE:**

1. Although an interdisciplinary team approach is used in conjunction with the use of psychotropic medication, only the consulting or primary care prescriber has the legal authority to order psychotropic medications.
2. Psychotropic medication should not be used excessively, as punishment, for staff convenience, as a substitute for meaningful psychosocial services, or in quantities that interfere with a person's quality of life.

## EXPECTED OUTCOMES:

*The following outcomes are consistent with the Guidelines for the Use of Psychotropic Medication developed by the International Consensus Panel on Psychopharmacology - Committee on Standards of Care.* Documentation that the following guidelines are being followed should be found in the individual's record according to the documentation procedure identified at each facility.

1. **Coordinated Interdisciplinary Care Plan.** Psychotropic medication should be used within a coordinated interdisciplinary care plan designed to improve the person's quality of life. The psychotropic medication plan should be part of the Single Plan of care. A psychiatric consultation may be obtained when determined necessary by the primary care prescriber and other members of the team. The psychiatric consultation may be considered for the purpose of diagnosis, developing a treatment plan, and/or monitoring progress. Consultation reports should be maintained in the individual's record.

2. **Psychiatric Diagnosis or Behavioral-Pharmacological Hypothesis.** The use of psychotropic medication should be based upon a psychiatric diagnosis or a specific

behavioral-pharmacological hypothesis resulting from a full diagnostic and functional assessment. Supporting documentation should be found in the medical section of the individual's record.

3. **Informed Consent.** Written informed consent should be obtained from the person for whom the medication is being prescribed before the use of any psychotropic medication. If the person is not capable of giving informed consent, the appropriate surrogate consent giver should be contacted to provide consent. Informed consent should be renewed periodically. Informed consent does not have to be obtained before the **emergency** use of psychotropic medication. The informed consent should be obtained and maintained as per facility policy.

4. **Index Behaviors & Quality of Life.** Specific index behaviors and quality of life outcomes should be objectively defined, quantified, analyzed, and tracked using recognized empirical measurement methods in order to monitor psychotropic medication efficacy. A summary of outcome measures and the person's progress should be documented as part of the psychotropic drug review and maintained in the individual's record.

5. **Side Effects Monitoring.** Each person should be monitored for side effects on a regular and systematic basis using accepted methodology that includes a standardized assessment instrument. Presence or absence of side effects may be addressed and documented at the psychotropic drug review and more frequently as needed.

6. **Tardive Dyskinesia Monitoring.** If antipsychotic medication or other drugs capable of inducing tardive dyskinesia are prescribed, the person should be monitored for tardive dyskinesia on a regular and systematic basis using a standardized assessment instrument. Results of tardive dyskinesia screening should be reported and documented as part of the psychotropic drug review. Changes identified through tardive dyskinesia screening should be documented and reported to the consulting or primary care prescriber immediately. *See SCDDSN policy on tardive dyskinesia for further monitoring information.*

7. **Clinical & Data Reviews.** Psychotropic medication usage should be reviewed on a regular and systematic basis.
   a. Clinical reviews should be conducted and documented on a regular and systematic basis by the consulting or primary care prescriber.
   b. Data reviews should be conducted and documented at least quarterly by appropriate members of the interdisciplinary team.
   c. Joint clinical and data review should occur at least every quarter and be documented as part of the psychotropic drug review process.

8. **Lowest "Optimal Effective Dose".** Psychotropic medication should be reviewed on a periodic and systematic basis to determine if it is still necessary. Psychotropic medication should be prescribed at the lowest "optimal effective dose". This information should be included as part of the review and documentation process discussed in item 7 above. If the lowest "optimal effective dose" exceeds the recommended dose range, the rationale should be documented by the prescriber.

9. **Frequent Changes.** Frequent drug and dose changes outside of documented titration and care plans should be avoided. Modifications should be consistent with current practice standards.

10. **Polypharmacy.** Psychotropic medication regimes should be kept as simple as possible to enhance compliance and minimize side effects. Intraclass polypharmacy or the use of more than two psychotropic medications from the same therapeutic class at the same time is rarely justified. Interclass polypharmacy or the use of more than two psychotropic medications from different therapeutic classes at the same time should be minimized to the degree possible. This guideline does not apply to brief periods of time when one medication is being substituted for another. If either of these practices is deemed most effective for an individual, the rationale and empirical support for the medication prescribed in this manner should be documented in the individual's record.

11. The following practices should be minimized as much as possible. If any of these prescribing practices are deemed most effective for an individual, the rationale and empirical data supporting the need for the medication prescribed should be documented in the individual's record.
    a. Long-term use of benzodiazepine antianxiety medications such as diazepam
    b. Use of long-acting sedative-hypnotic medications such as chloral hydrate
    c. Long-term use of shorter acting sedative-hypnotics such as temazepam
    d. Anticholinergic use such as benztropine without signs of extra-pyramidal side effects (EPSE)
    e. Long-term anticholinergic use
    f. Antipsychotic medication at high doses
    g. Use of phenytoin, phenobarbital, and primidone as psychotropic medication

## REFERENCE

Reiss, S. & Aman, M. (eds.) (1998). Psychotropic medication and developmental disabilities: The international consensus handbook. Columbus, OH: Ohio State Nisonger Center.